directly considered by it, without any reference being made to them in this regard by the Central Government, as required under Section 10-A (i) (a) & (b) of the Act. Six colleges were accordingly permitted to start BDS courses without approval of the Central Government.

(ii) Submission of an accurate Recommendations in Violation of Section 10(a) (7) of the Act.

The Recommendations made by the Dental Council of India to the Central Government were found to be grossly wanting in a number of cases, and even in one case deficiencies came to light after the Letter of Intent (LOI) had been issued to the applicants as a result of which the LOI had to be withdrawn. So far about 16 such cases have come to notice. In all these cases, the Central Government had to collect information from the applicants, which was the Statutory Duty of the Dental Council of India.

(iii) Violation of Section 10-a (i) (a) & (b) of the Dentists Act.

Cases have come to notice, where the Dental Council of India have issued approvals to enhance the intake capacity in Dental Colleges, in cases where they were specifically advised by the Central Government, that they were not empowered under the Act to do so resulting in failure to maintain the standard" of Dental Education in the Country.

(iv) Violation of Section 3 of the Dentist Act.

The Dental Council of India allowed persons to function as Members, without verifying the details of their elections/ nomination which were, later on, found to be against the provisions of the Act/Regulations.

(v) Lack of financial propriety in use of grants-in-aid to the Council.

Instances of injudicious use of the funds given to the Council, even to fund visits abroad, without informing Government has come to notice.

Besides, the Commission of Enquiry may look into such other matter of irregularity as may be brought to its notice, and proceed to enquire in a Summary manner, and recommend such remedies as the Commission may consider proper and necessary.

The Commission of Enquiry consists of:—

(1) Mr. Justice Anil Dev Singh, Delhi High Court. — Chairman

(2) Dr. Pradip Jayana, Member, Dental Council of India — Member

(3) Director (Medical Education) Ministry of Health & Family Welfare (Department of Health) — Member-Secretary.

The Commission was required to submit its report by 2.5.1998. Since the Commission has not completed its work, steps have been initiated to grant extension to it for submission of the Report at an early date.

LIIegal Abortions in the country

1875. SHRI GURUDAS DAS GUP-TA: Will the Minister of HEALTH AND FAMILY WELFARE be pleated to state:

(a) whether Government's attention has been drawn to the newt-item appear ing in the Hindustan Timet, New Delhi edition dated 25th April, 1998 under the caption "India topi in number of illegal abortions"; and

(b) if so, the details thereof and Gov. ernment's reaction thereto?

THE MINISTER OF STATE OFTHE MINISTRY OF HEALTH AND FAMILY WELFARE CSHRI DALIT EZHIL-MALAI): (a) Yes, Sir.

(b) An illegal abortion is one, which is conducted at a place not approved by the Government or by an unqualified doctor, or at a belated stage of pregnancy. With a view to making abortion safe in certain prescribed circumstances, as also preventing illegal abortion, the Medical Termination Pregnancy (MTP) Act was enacted in 1971. Subsequently, a number of authorised facilities for conducting MTPs increased from 1087 in 1976 to 8511 in 1994-95. The reported number of MTP cases increased from 3,81,111 during the years 1972 to 1976 to 6,25,931 during 1994-95. Actually, the number of illegal abortions estimated to be taking place every year is much higher. Some of the illegal abortions are conducted by qualified persons, but are not reported for various reasons. Social prejudices and the stigma, still attached to abortion make it difficult for many women to go in for MTP Operations in Public Hospitals.

Under the Reproductive and Child Health Programme launched in October, 1997, the Government has the objective of (i) Intensifying the Information, Education and Communication (IEC) Campaign in favour of legal abortions; (ii) upgrading and expanding facilities for safe Medical Termination of Pregnancies; (iii) Strengthening the MTP Centres. MTP equipment are being provided to all District Hospitals, CHCs and PHCs which have the required level of facilities; (iv) Training to Doctors under the MTP procedure; (v) providing a wide range of maternal health services including MTP, the support of the NGO sector is being enlised.

Orders to M/s HLL for condoms

1876. SHRI E. BALANANDAN:
SHRI S. RAMACHANDRAN PILLAI:

Will the Minister of HEALTH AND FAMILY be pleased to state:

(a) the reasons for which Government reduced its orders placed in M/s Hindustan Latex Ltd. for condoms, Copper-T and oral contraceptive pills during 1997-98;

(b) reasons for people being forced to purchase those from private companies with much more prices; and

(c) how can Government control population growth if this continues?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) The Purchase Preference Policy for Central PSUs was not in force when the orders for most of the annual requirements for Contraceptives were placed for 1997-98. Hence, orders were placed on firms including M/s Hindustan Latex Ltd. for supply of Contraceptives during 1997-98 in the ratio of their capabilities giving M/s Hindustan Latex Ltd. some weightage.

(b) The price at which Contraceptives were procured was the same for private and Public sectors.

(c) Adequate quantity of Contraceptives was made available for use during 1997-98, through Free Supply and Social Marketing Schemes.

इलेक्ट्रोपैथी चिकित्सा पद्धति

1877. **श्री नागमणि** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या इलेक्ट्रोपैथी चिकित्सा पद्धति मेडिकल काउंसिल ऑफ इंडिया के कार्यक्षेत्र कि परिधि में आती है;

(ख) क्या इलेक्ट्रोपैथी चिकित्सा पद्धति भारतीय चिकित्सा पद्धति अधिनियम, 1970 की परिधि में आती है;

(ग) क्या इलेक्ट्रोपैथी सेंट्रल काउंसिल ऑफ होम्योपैथी एक्ट, 1973 की परिधि में आती है;

(घ) क्या चिकित्सा की पांचवी नवीन पद्धति इलेक्ट्रोपैथी भारत में विकास के स्तर पर है; और

(ड) क्या सरकार को इस बात की पूर्ण जानकारी है कि इलेक्ट्रोपैथी के मेडिकल संस्थान पिछले 4-1/2 वर्ष से इस क्षेत्र में कार्य कर रहे है?